

Michigan Osteoporosis Planning Group

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Introduction:

This executive summary of the Michigan Osteoporosis Strategic Plan was prepared to provide an "at-a-glance" summary of the recommendations of the statewide, multi disciplinary Michigan Osteoporosis Planning Group for addressing Michigan's increasing health problem of osteoporosis.

The 59 member Michigan Osteoporosis Planning Group was greatly concerned with Michigan's osteoporosis problem. The best scientific and epidemiological evidence indicates that 10 percent of the population in Michigan - 810,200 women and 137,800 men - currently has osteoporosis. Osteoporosis and osteopenia will affect about one in three state residents during their lifetime. The annual cost to Michigan's health care system for care related to osteoporosis was \$172 million in 1995. It is estimated that between 1995 and 2015, some 200,000 Michigan women age 45 and older will suffer hip, wrist and vertebral fractures; the cost will be about \$7.1 billion. These costs represent only a small fraction of the true burden of this disease; the cost in human suffering and lost productivity is very high.

Nationally, osteoporosis affects 25 million Americans, at an annual medical cost of about \$13.8 billion. The most prominent burden of osteoporosis is hip and spine fractures, which are becoming increasingly common with the rapid growth of the elderly population. The Michigan Osteoporosis Planning Group met during the summer and fall of 1998 in multiple full and subcommittee sessions to carefully deliberate the strategic actions which could be undertaken to prevent, screen, treat and reduce osteoporosis and osteopenia in Michigan.

Professional staff support, research and analysis for the Planning Group were provided by the Division of Chronic Disease and Injury Control, Michigan Department of Community Health (MDCH), the Michigan Public Health Institute, and the University of Michigan School of Public Health, Department of Epidemiology. The work of the Michigan Osteoporosis Planning Group could not have been completed without the dedicated support and expert leadership of the Planning Group's Co-Chairs, MaryFran Sowers, Ph.D., R.D. and Geoffrey Linz, M.D. Lead staff coordination was provided by Jan A. Christensen, J.D., M.S.W, Division of Chronic Disease and Injury Control, Michigan Department of Community Health.

Plan Approach:

The conditions of osteoporosis and osteopenia are the consequence of the interactions of a lifetime of behavioral, developmental, and genetic factors and can affect both women and men at all stages of life. It is impossible to address the problem by developing a single, simple program that will have a major impact on the health of the public. Plans for public health action need to recognize that these diseases are complex in origin and must be addressed at many levels.

A well-conceived public health program that uses resources and programs already in place can do much to reduce the prevalence of these diseases. Osteoporosis programming must pursue all opportunities to educate children and young adults about preventing these diseases. The recent development of accurate screening and effective pharmacological interventions provides new potential to prevent disability related to osteoporosis and related conditions.

The Michigan Osteoporosis Planning Group was convened by the Michigan Department of Community Health. The Osteoporosis Planning Group recognized that both health care professionals and the public lacked a clear understanding of the processes associated with osteoporosis. Lacking this understanding, professionals and the public are less likely to adopt behaviors that favor bone health. The group developed a focused plan that will help decrease the number of osteoporosis-related fractures in the state's population.

This executive summary presents specific recommendations of the Michigan Osteoporosis Planning Group. The full report identifies and describes cross-cutting issues that affect people of all ages, as well as issues at stake for each of the three age groups. Specific recommendations are made about training health care professionals, assessing risk of osteoporosis in targeted populations, and prevention strategies. The full

report delineates achievable actions and provides recommendations to reduce future hip and spine fractures.

Summary of Planning Group Recommendations:

The Michigan Osteoporosis Planning Group was divided into three subgroups that made recommendations specific to the age categories of Children and Youth, Young Adult and Middle Age, and Mature Adults. Additionally, there were recommendations that cut across all the age groups.

A comprehensive osteoporosis education, prevention and treatment program should provide interventions across all age groups from children through mature adults. Programs and media messages should target boys and girls as well as women and men across all ethnic groups. A summary of key recommendations across all groups follows. A full account of all the recommendations is found in the full report of the Planning Group, the "Michigan Osteoporosis Strategic Plan."

Educating the Public:

Michigan's state and local public health organizations and osteoporosis prevention and treatment agencies, in cooperation with professional associations and health providers, should:

Beginning not later than the Year 2000, implement a statewide, multi-year, multi-channel, intergenerational, racially and ethnically sensitive osteoporosis public awareness initiative aimed at boys, girls, teenage males and females, men and women across all ages and stages.

Ensure that age-appropriate education about osteoporosis is made available to those at greatest risk of osteopenia or osteoporosis - an estimated one-third of Michigan's population

- through a variety of communication vehicles, including mass media, newsletters, magazines, computer software, radio and television public service announcements.

Establish ongoing educational programs in a variety of settings that are appropriate to the age and stage of the audience, including schools, worksites, health care settings, sports programs, and senior citizens programs.

Encourage appropriate screening and treatment interventions, including lifestyle changes, for those citizens who are most likely to benefit.

Educating Providers:

Michigan should:

By 2000, provide osteoporosis screening, prevention and treatment information that is accessible, usable and succinct to all appropriate Michigan health care providers. The information should address key issues related to each life stage of the provider's patient population.

By 2000, increase provider awareness of the availability of Medicare reimbursement for bone mineral density testing in appropriate age groups to at least 80% of participating providers.

By 2001, increase the number of health care providers who appropriately counsel their at-risk patient populations about osteoporosis issues by 20% annually. Continue to increase the number of health care providers giving appropriate counseling by 20% each year until 2004.

Quality assurance:

Michigan should:

By 2002, design a voluntary system for establishing quality assurance in bone mass measurement that is used by 80% of providers of bone mass measurement facilities in Michigan.

By 2002, develop voluntary standards of excellence for bone density measurement providers including voluntary training for physicians and others who read, interpret, and act on bone mineral density tests.

These objectives will require Michigan's health agencies, the Department of Consumer and Industry Services, MSMS, and osteoporosis advocate organizations, in cooperation with health provider professional associations to work collaboratively to accomplish the overall quality assurance goal.

Environmental interventions:

Michigan should:

Encourage a broad spectrum of state and local groups to remove structural and environmental barriers that prevent or discourage Michigan citizens from maintaining optimal bone-healthy diets and engaging in regular moderate exercise. This includes promoting prevention initiatives and environmental changes in schools, restaurants, malls, and community programs.

Infrastructure and consensus development:

Michigan should:

Encourage partnerships between its health agencies, the Michigan Osteoporosis Consortium and other osteoporosis advocate organizations to:

Coordinate efforts in the state to educate the Michigan public about osteoporosis and to provide consistent and effective osteoporosis screening, detection, and treatment programs.

Create a unified statewide focus on the issues raised in the Michigan Osteoporosis Strategic Plan and to provide leadership in forming the collaborative, public-private partnerships needed to ensure the full implementation of the plan's recommendations.

Establish a formal, ongoing *Michigan Collaborative Osteoporosis Partnership (MCOP)* consisting of the Michigan Consortium on Osteoporosis, the MDCH, and other organizations. The MCOP would work broadly to develop consensus leadership and collaborative program resources for the timely accomplishment of the recommendations made in this report. This includes convening subcommittees, addressing programs for special populations at risk for osteoporosis, convening review workgroups and disseminating this report.

Evaluation:

Michigan should assure that osteoporosis prevention and treatment initiatives:

Make full use of the state's universities, medical schools and the schools of community health in establishing ongoing biennial surveys or other means of gathering and evaluating data in the areas of current citizen knowledge of osteoporosis, the incidence and prevalence of osteoporosis risk factors, and the efficacy of health care provider practices.

Be continuously reviewed and evaluated for quality assurance, implementation process, and effectiveness.

Other Recommendations:

Michigan should:

On an annual update basis, make available data on incidence and prevalence of osteoporosis and the efficacy and cost-effectiveness of osteoporosis screening and treatment to insurers, payers and health policy decision-makers.

By 2001, convene a workgroup of experts and prepare specific recommendations on bone mineralization and strength objectives for Michigan's rapidly growing over 80 population.

Additional copies of this Executive Summary and the full report are available on request from Rochelle Hurst, Division of Chronic Disease & Injury Control, MI Department of Community Health, 3423 N. Martin Luther King Jr. Blvd., P.O. Box 30195, Lansing, MI 48909, telephone (517) 335-9811.